

HISTORY FACILITY PROFILE

MURRAY CARE CENTER PROVIDER #: 465125 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 835 EAST VINE STREET PHONE NUMBER: (801) 266-3852 TOTAL: 76
 MURRAY UT 84107 PARTICIPATION DATE: 05/30/1991 CERTIFIED: 76 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

| | | | | | |
|-------------------------------|--------------------------------|--------------------------|-------|-------|--------|
| RESIDENT CENSUS ON 08/07/2002 | LTC ADMISSION/SUSPENSION DATES | TOTAL CERTIFIED BEDS: 76 | | | |
| ----- | ----- | ----- | ----- | ----- | ----- |
| TOTAL: 69 | ADMISSION SUSPENDED: | 18 | 18/19 | 19 | ICF/MR |
| MEDICARE: 4 | SUSPENSION RESCINDED: | -- | ---- | -- | ----- |
| MEDICAID: 41 | | 24 | | 52 | |
| OTHER: 24 | | | | | |

CURRENT SURVEY REVISIT DATES - 09/23/2002

| PRIOR 3 SURVEY 03/1999 | S/S CODE | PRIOR 2 SURVEY 06/2000 | S/S CODE | PRIOR 1 SURVEY 05/2001 | S/S CODE | CURRENT SURVEY 08/07/2002 | S/S CODE | PLAN/DATE OF CORRECT | PROGRAM REQUIREMENTS |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|---------------------------------|-------------|-------------------------|---|
| | | X | E | | | X C | B | 09/02/2002 | REQ F0167-SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS |
| | | | | X | E | X C | B | 09/06/2002 | REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT |
| | | | | X | D | | | | REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES |
| | | | | X | E | | | | REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS |
| | | | | | | | | | REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING |
| X | E | X | E | | | | | | REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS |
| | | X | E | X | E | X C | E | 08/07/2002 | REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC. |
| | | | | X | D | | | | REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS |
| | | | | | | X C | E | 09/10/2002 | REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT |
| | | | | X | D | | | | REQ F0431-PROPER LABELING OF DRUGS & BIOLOGICALS |
| | | | | X | D | | | | REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG |
| | | | | X | D | | | | REQ F0494-NURSE AIDE TRAINING/COMPETENCY |
| | | | | | | | | | REQ F0498-PROFICIENCY OF NURSE AIDES |

EDITION OF LSC APPLIED

| PRIOR 3 SURVEY 03/1999 | PRIOR 2 SURVEY 04/2000 | PRIOR 1 SURVEY 05/2001 | CURRENT SURVEY 08/12/2002 |
|------------------------------|------------------------------|------------------------------|---------------------------------|
| X | | X | |

PLAN/DATE
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
 K0021-DOORS IN FIRE AND SMOKE PARTITIONS
 K0029-HAZARDOUS AREAS - SEPARATION
 K0038-EXIT ACCESS
 K0050-FIRE DRILLS
 K0054-SMOKE DETECTOR MAINTENANCE
 K0056-AUTOMATIC SPRINKLER SYSTEM
 K0061-MAIN SPRINKLER CONTROL
 K0062-SPRINKLER SYSTEM MAINTENANCE
 K0064-PORTABLE FIRE EXTINGUISHERS
 K0069-COOKING EQUIPMENT
 K0072-FURNISHING AND DECORATIONS
 K0076-MEDICAL GAS SYSTEM
 K0130-OTHER

| TYPE OF DEFICIENCY | CURRENT SURVEY | PRIOR 1 SURVEY | PRIOR 2 SURVEY | PRIOR 3 SURVEY |
|---------------------------|-------------------|-------------------|-------------------|-------------------|
| ----- | ----- | ----- | ----- | ----- |
| CONDITION | 0 | 0 | 0 | 0 |
| REQUIREMENT | 4 | 8 | 3 | 1 |
| HEALTH TOTAL | 4 | 8 | 3 | 1 |
| LIFE SAFETY CODE | 6 | 8 | 3 | 4 |
| LIFE SAFETY CODE + HEALTH | 10 | 16 | 6 | 5 |

COMPLAINT SURVEY INFORMATION

| SURVEY DATE | STATUS |
|-------------|-----------------|
| ----- | ----- |
| 02/25/2002 | UNSUBSTANTIATED |
| 04/02/2002 | UNSUBSTANTIATED |
| 05/16/2002 | UNSUBSTANTIATED |
| 09/25/2002 | UNSUBSTANTIATED |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT